

**FAX TRANSMISSION****DATE:** August 22, 2003**PTO IDENTIFIER:** Application Number 09/174937-Conf #6314

Patent Number

**Inventor:** Rory A.J. Curtis, et al.**MESSAGE TO:** Gabriele Bugaisky**FAX NUMBER:** (703) 308-4242**FROM:** LAHIVE & COCKFIELD, LLP

Maria Laccotripe Zacharakis, Ph.D.

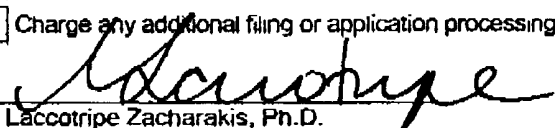
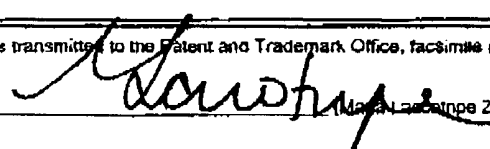
**PHONE:** (617) 227-7400**Attorney Dkt. #:** AHN-061RCE**PAGES (Including Cover Sheet):** 35

**CONTENTS:** Amendment in Response to Non-Final Office Action (29 pages);  
Amendment Transmittal (1 page)(in duplicate);  
Fee Transmittal (1 page);  
Certificate of Transmission under 37 CFR 1.8 (1 page);  
Statement of Limited Recognition; and  
Charge \$108.00 to deposit account 12-0080.

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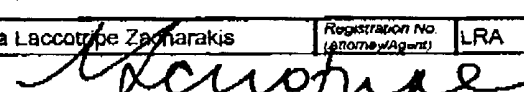
**LAHIVE & COCKFIELD, LLP**  
28 State Street, Boston, Massachusetts 02109  
**Telephone:** (617) 227-7400 **Facsimile:** (617) 742-4214

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. AHN-061RCE	
Application No. 09/174937-Conf. #6314	Filing Date October 19, 1998	Examiner Bugalsky, G.	Art Unit 1653		
Applicant(s): Rory A.J. Curtis, et al.					
Invention: ISOLATED PROTEINS AND NUCLEIC ACID MOLECULES HAVING HOMOLGY TO THE NIP2 PROTEIN AND USES THEREOF					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	126	- 120 =	6	x 18.00	108.00
<b>Independent Claims</b>	18	- 18 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>108.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="float: right;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>108.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Maria Laccotripe Zacharakis, Ph.D. Attorney Reg. No.: LRA				Dated: <u>August 22, 2003</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 308-4242, on the date shown below. Dated: August 22, 2003      Signature:  (Maria Laccotripe Zacharakis, Ph.D.)					

PTO/SB/17 (05-03)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

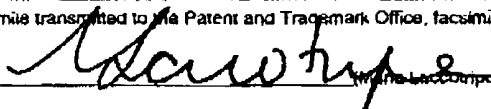
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<b>FEE TRANSMITTAL for FY 2003</b>				<b>Complete if Known</b>																																																																																																																																																																																	
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date October 19, 1998																																																																																																																																																																																	
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<b>METHOD OF PAYMENT (check all that apply)</b>				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee to the above-identified deposit account				<b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entry Fee Code</th> <th>Large Entry Fee (\$)</th> <th>Small Entry Fee Code</th> <th>Small Entry Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1256</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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Total Claims 128 *120** = 6 x 18.00 = 108.00 Independent Claims 18 *18** = 1 x 0.00 = 0.00 Multiple Dependent 0 = 0.00				*or number previously paid, if greater. For Reissues, 89# above																																																																																																																																																																																	
<b>SUBMITTED BY</b> Name (Print/Type) Maria Laccotripe Zacharakis Signature  Registration No. (Attorney/Agent) LRA Date August 22, 2003				<b>Complete (if applicable)</b> Telephone (617) 227-7400 Date August 22, 2003																																																																																																																																																																																	

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Dated: August 22, 2003

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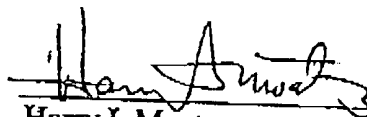
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UNITED STATE PATENT AND TRADEMARK OFFICE**

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**Expires: October 4, 2003**



Harry I. Moatz

Director of Enrollment and Discipline

PTO/SB/97 (12-97)

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